| PATENT APPLICATION FEE DETERMINATION RECORD |
|---|
| Effective November 10, 1998                 |

Application or Docket Number

| CLAIMS AS FILED - PART (Column 1) (Column 2)   |  |  |                        |   | _                | SMALL ENTITY TYPE |        |                        | OTHER THAN OR SMALL ENTITY |  |                        |
|--|--|--|------------------------|---|------------------|-------------------|--------|------------------------|----------------------------|--|------------------------|
|  |  | All (A                                 | (Column 1)  MBER FILED | NUMBER E                                    |                  | سنسم              |        | FEE                    |                            | RATE   | FEE                    |
| FOR  |  | NON                                    | VIBER FILED            | HOMBETTE                                    |                  | RA                |        |                        |                            | MAIL   |                        |
| BASIC FEE  |  |  | <u></u>                | <u> </u>                                    |                  |                   |        | 380.00                 | OR                         | <u>-</u>   | 760.00                 |
| TOTAL CLAIMS 20 minus  |  |  | 20 minus 20            | )= *  |                  | X\$               | 9=     |                        | OR                         | X\$18=   |                        |
| INDEPENDENT CLAIMS 3 minus 3 = *   |  |  |                        | ХЗ  | 9=               |                   | OR     | X78=                   |                            |  |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |                        |   |                  | +13               | 30=    |                        | OR                         | +260=  |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |  |                        |   |                  | TO                | ΓAL    |                        | OR                         | TOTAL  | 7/01                   |
| And Gally (Column 1) (Column 2) (Column 3)   |  |  |                        |   |                  |                   |        |                        | •                          | OTHER THAN                                       |                        |
| dwell 47-67 (Column 1) (Column 2) (Column 3)   |  |  |                        |   | SMALL ENTITY     |                   |        | OR                     |                            |  |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAININ<br>AFTER<br>AMENDME | lG .                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RA                | TE     | ADDI-<br>TIONAL<br>FEE |                            | RATE   | ADDI-<br>TIONAL<br>FEE |
|  | Total  | • 6                                    |                        | <del>*</del> 86                             | <b>=</b> .       | X\$               | 9=     |                        | OR                         | X\$18=   |                        |
|  | Independent                                    | · 5                                    | Minus                  | <b></b> 3                                   | • a              | ХЗ                | 9=     |                        | OR                         | X467   | 176                    |
| <b>V</b>   | FIRST PRESE                                    | NTATION O                              | F MULTIPLE DEPI        | ENDENT CLAIM                                |                  | +13               | 30=    |                        | OR                         | +260=  |                        |
|  |  |  |                        |   |                  | ADDIT             | OTAL   |                        | OR                         | TOTAL<br>ADDIT. FEE                              |                        |
| (Column 1) (Column 2) (Column 3)   |  |  |                        |   |                  |                   |        |                        |                            | ADDII. PEE                                       |                        |
| <u> </u>   | 5 3 5 8 3 38 B                                 | (Column                                |                        | (Column 2)<br>HIGHEST                       | Columnia         |                   |        | ADDI-                  |                            |  | ADDI-                  |
| AMENDMENT B  |  | REMAINII<br>AFTER<br>AMENDME           | 1                      | NUMBER PREVIOUSLY PAID FOR                  | PRESENT<br>EXTRA | R/A               | TE     | TIONAL<br>FEE          |                            | RATE   | TIONAL<br>FEE          |
|  | Total  | •                                      | Minus                  | **  | 2                | X\$               | 9=     |                        | OR                         | X\$18=   |                        |
|  | Independent                                    | *                                      | Minus                  | ***   | =                | X                 | 9=     |                        | OR                         | X78=   |                        |
| F  | FIRST PRESE                                    | NTATION C                              | F MULTIPLE DEP         | ENDENT CLAIM                                | ·                | +13               | 30=    |                        | OR                         | +260=  |                        |
|  |  |  |                        |   |                  |                   | OTAL   |                        | OR                         | TOTAL<br>ADDIT, FEE                              |                        |
|  |  |  |                        |   |                  |                   | r. FEE |                        |                            | ADDII. PEE                                       |                        |
| <u> </u>   |  | (Column                                |                        | (Column 2)<br>HIGHEST                       | (Column 3)       | <b>—</b>          |        | 4001                   | ı                          |  | ADDI-                  |
| AMENDMENT C  |  | REMAINI<br>AFTEF<br>AMENDM             | NG                     | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | R/                | TE-    | ADDI-<br>TIONAL<br>FEE |                            | RATE   | TIONAL<br>FEE          |
|  | Total  | *                                      | Minus                  | **  | 5                | XS                | 9=     |                        | OR                         | X\$18=   |                        |
|  | Independent                                    | *                                      | Minus                  | ***   | =                | X                 | 9=     |                        | OR                         | X78=   |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                        |   |                  | J                 |        |                        | 1                          | +260=  |                        |
| +130=  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **TOTAL  |  |  |                        |   |                  |                   |        | OR                     | +260=                      | <del>                                     </del> |                        |
| 1  | H the "Highest No                              | imber Previou                          | isty Paid For IN THIS  | S SPACE is less tha                         | an 20, enter "20 | · ADDI            |        |                        | OR                         | ADDIT. FEE                                       |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |  |                        |   |                  |                   |        |                        |                            |  |                        |